

## Transit Security Grant Program Modification Request

---

Subgrantee Name: \_\_\_\_\_  
Grant: \_\_\_\_\_ OES ID #: \_\_\_\_\_  
(xxx-xxxxx)

---

**Return the Transit Security Grant Modification Request to the address below and upload to the FEMA Preparedness Portal (<https://preparednessportal.dhs.gov>)**

California Emergency Management Agency  
Grants Management Division  
Transit Security Grant Unit  
3650 Schriever Avenue  
Mather, CA 95655

---

### Modification Changes:

- **Reason for Request to Modify -**
  
- **Background -**

---

For questions regarding this modification please contact:

Subgrantee contact: \_\_\_\_\_  
(Printed Name) (Title)

Phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Request for Approval of Modifications to Grant submitted by:

Authorized Agent: \_\_\_\_\_  
(Printed Name) (Title)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transit Security Grant Program Modification Request**  
TSG-F 001

**1 Subgrantee Information**

- A. Subgrantee Name
- B. Grant ID number
- C. Seven digit OES number

**2 Modification Information**

- A. Reason for request: A detailed explanation of the modification and why the modification is needed.
- B. Background: A detailed description of the project and the current status.

**3 Subgrantee contact for questions regarding the modification**

- A. Contact name and title
- B. Phone number
- C. Email address

**4 Authorized Agent's Information**

- A. Authorized agent's name and title.
- B. Authorized agent's signature and date

**5 Modification Submittal**

- A. Send a completed hard copy with signature to: the Transit Security Grant Unit, using the address located under the header
- B. Upload the completed form to the FEMA Preparedness Portal.